

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P37838** (0)

1. Corporation Name
MQS INSPECTION, INC.



Principal Place of Business: **800 JORIE BOULEVARD OAK BROOK IL 60522-7001**

Mailing Address: **800 JORIE BOULEVARD OAK BROOK IL 60522-7001**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/10/1992	3a. Date of Last Report 05/01/1995
21	Suite, Apt. #, etc.		26	4. FEI Number 36-3805594	
22	City & State		27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	Country	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Name of registered agent and the corporation) (Name of Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	AKIN, L E	
STREET ADDRESS	8221 LAKE RIDGE DR	
CITY-ST-ZIP	BURR RIDGE IL 60521	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	DORAN, H V	
STREET ADDRESS	326 KENSINGTON CT.	
CITY-ST-ZIP	PALATINE IL 60067	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FALOON, R C	
STREET ADDRESS	575 SIGNAL HILL RD	
CITY-ST-ZIP	NO. BARRINGTON IL 60010	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BAILEY, J J	
STREET ADDRESS	600 ENGEL BLVD.	
CITY-ST-ZIP	PARK RIDGE IL 60068	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SHERWIN, M F	
STREET ADDRESS	700 PERRIE DR, APT. 413	
CITY-ST-ZIP	ELK GROVE VILLAGE IL 60007	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MCCABE, J S	
STREET ADDRESS	9 BAILEY RD	
CITY-ST-ZIP	NAPERVILLE IL 60565	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	V.P. & TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SCOTT AKRAFT	
1.3 STREET ADDRESS	305 WILD BERRY LANE	
1.4 CITY-ST-ZIP	BARTLETT, IL 60103	
2.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	C.C. TOERBEK	
2.3 STREET ADDRESS	418 EDGEWOOD	
2.4 CITY-ST-ZIP	RIVER FOREST IL 60305	
3.1 TITLE	ASST. SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	V. GERMAN	
3.3 STREET ADDRESS	3405 N. OTTAWA	
3.4 CITY-ST-ZIP	CHICAGO IL 60634	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	800001810158	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	-05/07/96--01011--011	
5.3 STREET ADDRESS	***200.00	
5.4 CITY-ST-ZIP	51-90	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:  **C. Toerbek** 4/24/96 (708) 572-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

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MQS INSPECTION, INC.
OFFICERS AND DIRECTORS

<u>NAME</u>	<u>OFFICE</u>	<u>ADDRESS</u>
R. C. Faloon 005-26-9458	Executive Vice President (Acting President)	575 Signal Hill Road No. Barrington, IL 60010
J. J. Bailey 367-58-5452	Vice President	600 Engel Blvd. Park Ridge, IL 60068
M. F. Sherwin 378-44-0078	Vice President	700 Perrie Dr., Apt. 413 Elk Grove Village, IL 60007
* Scott A. Krapf 351-52-2209	Vice President & Treasurer	305 Wildberry Lane Bartlett, IL 60103
C. C. Toerber 328-44-4059	Secretary	418 Edgewood River Forest, IL 60305
V. Geraci 341-28-3159	Assistant Secretary	3405 N. Ottawa Chicago, IL 60634
J. S. McCabe 465-42-7871	Vice President	9 Bailey Rd Naperville, IL 60565
C. Steinbrecher	Controller	

* Denotes Director

Effective September, 1996

MQSINSPN.O&D